

IN RE:

Case No. 15-13244

Hood, Jeff Gordon & Hood, Jennifer Jean

Chapter 13

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **3,200.00**

Prior to the filing of this statement I have received \$ _____

Balance Due \$ **3,200.00**

2. The source of the compensation paid to me was: Debtor Other (specify):

3. The source of compensation to be paid to me is: Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. **Representation of the debtor in adversary proceedings and other contested bankruptcy matters;**
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 28, 2015

Date

/s/ Heidi S. Milam

Heidi S. Milam 9813
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UNITED STATES BANKRUPTCY COURT

**NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

IN RE:

Case No. 15-13244

Hood, Jeff Gordon & Hood, Jennifer Jean

Chapter 13

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Hood, Jeff Gordon & Hood, Jennifer Jean

Printed Name(s) of Debtor(s)

X /s/ Jeff Gordon Hood

Signature of Debtor

9/28/2015

Date

Case No. (if known) 15-13244

X /s/ Jennifer Jean Hood

Signature of Joint Debtor (if any)

9/28/2015

Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Fill in this information to identify your case:

Debtor 1 Jeff Gordon Hood
First Name Middle Name Last Name

Debtor 2 Jennifer Jean Hood
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Northern District of Mississippi**

Case number 15-13244
(If known) _____

Check if this is an amended filing

Official Form 22C-2

Chapter 13 Calculation of Your Disposable Income

12/14

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 22C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 22C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 22C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. **The number of people used in determining your deductions from income**

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

6

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 2,269.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1

Jeff Gordon Hood

First Name Middle Name

Last Name

Case number (if known) 15-13244**People who are under 65 years of age**7a. Out-of-pocket health care allowance per person \$ 60.007b. Number of people who are under 65 X 67c. Subtotal. Multiply line 7a by line 7b. \$ 360.00 Copy line 7c here → \$ 360.00**People who are 65 years of age or older**7d. Out-of-pocket health care allowance per person \$ 144.007e. Number of people who are 65 or older X 07f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy line 7f here → + \$ 0.007g. **Total.** Add lines 7c and 7f..... \$ 360.00 Copy total here → 7g. \$ 360.00**Local Standards**

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- **Housing and utilities – Insurance and operating expenses**
- **Housing and utilities – Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 613.00

9. Housing and utilities – Mortgage or rent expenses:

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 1,236.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor

Average monthly payment

Wells Fargo Hm Mortgag \$ 811.00

\$ _____

+ \$ _____

9b. Total average monthly payment \$ 811.00

Copy line 9b here →

-\$ 811.00

Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this number is less than \$0, enter \$0.

\$ 425.00

Copy 9c here →

\$ 425.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00

Explain why: _____

Debtor 1

Jeff Gordon Hood

First Name

Middle Name

Last Name

Case number (if known) 15-1324411. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

0. Go to line 14.
 1. Go to line 12.
 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.\$ 244.0013. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.**Vehicle 1****Describe****Vehicle 1:**

13a. Ownership or leasing costs using IRS Local Standard

13a. \$ 517.0013b. Average monthly payment for all debts secured by Vehicle 1.
Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1

Average monthly payment

Drive Time

\$ 339.52

Copy 13b here ➔

— \$ 339.52

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this number is less than \$0, enter \$0. 13c.

\$ 177.48

Copy net Vehicle 1 expense here ➔

\$ 177.48**Vehicle 2****Describe****Vehicle 2:**

13d. Ownership or leasing costs using IRS Local Standard

13d. \$ 0.0013e. Average monthly payment for all debts secured by Vehicle 2.
Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2

Average monthly payment

\$ 0.00

Copy here ➔

— \$ 0.00

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this number is less than \$0, enter \$0. 13f.

\$ 0.00

Copy net Vehicle 2 expense here ➔

\$ 0.0014. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.\$ 0.0015. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.\$ 0.00

Debtor 1

Jeff Gordon Hood

First Name

Middle Name

Last Name

Other Necessary Expenses

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. \$ 1,150.49
Do not include real estate, sales, or use taxes.

17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. \$ 12.50
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.

18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. \$ 0.00
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.

19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$ 0.00
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.

20. **Education:** The total monthly amount that you pay for education that is either required:
 as a condition for your job, or \$ 0.00
 for your physically or mentally challenged dependent child if no public education is available for similar services.

21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$ 0.00
Do not include payments for any elementary or secondary school education.

22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. \$ 0.00
Payments for health insurance or health savings accounts should be listed only in line 25.

23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. + \$ 0.00
Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 22C-1, or any amount you previously deducted.

24. Add all of the expenses allowed under the IRS expense allowances.

Add lines 6 through 23.

\$5,251.47**Additional Expense Deductions**

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ 489.96Disability insurance \$ 0.00Health savings account + \$ 0.00Total \$ 489.96Copy total here ➔ \$ 489.96

Do you actually spend this total amount?

No. How much do you actually spend? \$ 0.00

Yes

26. **Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$ 0.00

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$ 0.00

By law, the court must keep the nature of these expenses confidential.

Debtor 1

Jeff Gordon Hood

First Name Middle Name

Last Name

Case number (if known) 15-13244

28. **Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs. \$ 0.00

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$ 0.00

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. \$ 0.00

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). + 0.00

Do not include any amount more than 15% of your gross monthly income.

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ 489.96

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Average monthly payment

Mortgages on your home

33a. Copy line 9b here → \$ 811.00

Loans on your first two vehicles

33b. Copy line 13b here. → \$ 339.52

33c. Copy line 13e here. → \$ 0.00

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

No \$ 339.52

Yes

No \$ 811.00

Yes

No + \$

Yes

33d. Drive Time Automobile (1)

33e. Wells Fargo Hm Mortgag Residence

33f. _____

33g. Total average monthly payment. Add lines 33a through 33f.

\$ 1,150.52

Copy total here →

\$ 1,150.52

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

 No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
_____	_____	\$ _____	\$ _____ ÷ 60 = \$ _____
_____	_____	\$ _____	\$ _____ ÷ 60 = \$ _____
_____	_____	\$ _____	\$ _____ ÷ 60 = + \$ _____
		Total	\$ 0.00 Copy total here → \$ 0.00

35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

 No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.Total amount of all past-due priority claims. \$ **4,507.80** ÷ 60 \$ **75.13**

36. Projected monthly Chapter 13 plan payment

\$ _____

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

X _____

\$ _____ Copy total here → \$ _____

Average monthly administrative expense

37. Add all of the deductions for debt payment. Add lines 33g through 36.

\$ **1,225.65** Copy total here →

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances. \$ **5,251.47**Copy line 32, All of the additional expense deductions. \$ **489.96**Copy line 37, All of the deductions for debt payment. + \$ **1,225.65**\$ **6,967.08** Copy total here → \$ **6,967.08**

Total deductions

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)39. Copy your total current monthly income from line 14 of Form 22C-1, *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* \$ 6,479.46

40. Fill in any reasonably necessary income you receive for support for dependent children.

The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 22C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ 0.0041. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ 73.9442. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here ➔ \$ 6,967.08

43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances	Amount of expense
43a. Attorney Fee	<u>\$ 53.33</u>
43b. _____	<u>\$ _____</u>
43c. _____	<u>+ \$ _____</u>
43d. Total. Add lines 43a through 43c.....	<u>\$ 53.33</u> Copy 43d here ➔ <u>+ \$ 53.33</u>

44. Total adjustments. Add lines 40 and 43d. ➔ \$ 7,094.35 Copy total here ➔ - \$ 7,094.3545. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. \$ -614.89**Part 3: Change in Income or Expenses**

46. Change in income or expenses. If the income in Form 22C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____

Debtor 1

Jeff Gordon Hood

First Name

Middle Name

Last Name

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Case number (if known) 15-13244**Part 4:****Sign Below**

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Jeff Gordon Hood

Signature of Debtor 1

Date September 28, 2015
MM / DD / YYYY

X /s/ Jennifer Jean Hood

Signature of Debtor 2

Date September 28, 2015
MM / DD / YYYY

IN RE:

Case No. 15-13244

Hood, Jeff Gordon & Hood, Jennifer Jean

Chapter 13

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 130,000.00		
B - Personal Property	Yes	3	\$ 16,035.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 148,994.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 4,507.91	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	26		\$ 150,842.85	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			\$ 4,427.33
J - Current Expenditures of Individual Debtor(s)	Yes	3			\$ 3,305.00
TOTAL		42	\$ 146,035.00	\$ 304,344.76	

IN RE:

Case No. 15-13244

Hood, Jeff Gordon & Hood, Jennifer Jean

Chapter 13

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 4,507.91
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 77,027.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 81,534.91

State the following:

Average Income (from Schedule I, Line 12)	\$ 4,427.33
Average Expenses (from Schedule J, Line 22)	\$ 3,305.00
Current Monthly Income (from Form 22A-1 Line 11; OR , Form 22B Line 14; OR , Form 22C-1 Line 14)	\$ 6,479.46

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	\$ 7,861.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 4,507.91
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	\$ 0.00
4. Total from Schedule F	\$ 150,842.85
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	\$ 158,703.85

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
residence 6702 Casey Cove Walls, MS 38680	mortgage	J	130,000.00	128,623.00
			TOTAL	130,000.00

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X	FedEX Credit Union	J	25.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X	Household goods	J	3,000.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X	Wearing apparel	J	500.00
4. Household goods and furnishings, include audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	
			HUSBAND, WIFE, JOINT, OR COMMUNITY	
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2008 GMC Acadia	J	12,510.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	
			HUSBAND, WIFE, JOINT, OR COMMUNITY	
35. Other personal property of any kind not already listed. Itemize.	X			
			TOTAL	16,035.00

(Include amounts from any continuation sheets attached.
Report total also on Summary of Schedules.)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
(Check one box)

11 U.S.C. § 522(b)(2)
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$155,675. *

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<u>SCHEDULE A - REAL PROPERTY</u>			
residence 6702 Casey Cove Walls, MS 38680	11 USC § 522(d)(1)	1,377.00	130,000.00
<u>SCHEDULE B - PERSONAL PROPERTY</u>			
Household goods	11 USC § 522(d)(3)	3,000.00	3,000.00
Wearing apparel	11 USC § 522(d)(3)	500.00	500.00

* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEFENDANT HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL			UNSECURED PORTION, IF ANY
			CONTINGENT	UNLIQUIDATED	DISPUTED	
ACCOUNT NO. 8701 Drive Time 1800 N Colorado St Gilbert, AZ 85233		INSTALLMENT ACCOUNT OPENED 6/2015 VALUE \$ 12,510.00				20,371.00 7,861.00
ACCOUNT NO. 1352 Wells Fargo Hm Mortgag 7255 Baymeadows Wa Des Moines, IA 50306	H	MORTGAGE ACCOUNT OPENED 10/2002 residence VALUE \$ 130,000.00				128,623.00
ACCOUNT NO. Shapiro & Massey, LLC 1080 River Oaks Drive, Suite B-202 Flowood, MS 39232		Assignee or other notification for: Wells Fargo Hm Mortgag VALUE \$				
ACCOUNT NO.		VALUE \$				
		Subtotal (Total of this page)				\$ 148,994.00 \$ 7,861.00
		Total (Use only on last page)				\$ 148,994.00 \$ 7,861.00

0 continuation sheets attached

Subtotal
(Total of this page) \$ **148,994.00** \$ **7,861.00**

Total
(Use only on last page) \$ **148,994.00** \$ **7,861.00**

(Report also on
Summary of
Schedules.) (If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 Deposits by individuals

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

 Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114	J					4,507.91	4,507.91	
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims			Subtotal (Totals of this page)	\$ 4,507.91	\$ 4,507.91	\$		
			Total (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)	\$ 4,507.91				
			Total (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)		\$ 4,507.91	\$		

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Accounts Receivable Mangement Servces P.O. Box 638 Paris, TN 38242	J	collection for BMH-Collierville				0.00
ACCOUNT NO. Alcoa Billing Center 3429 Regal Dr. Alcoa, TN 37701	J					0.00
ACCOUNT NO. Allied Interstate, Inc. P.O. Box 4000 Warrenton, VA 20188	J	collection for Fifth Third Bank				0.00
ACCOUNT NO. AMCA Collection Agency P.O. Box 1235 Elmsford, NY 10523-0935	J	collection for Labortory Corp of America				0.00
25 continuation sheets attached			Subtotal (Total of this page)	\$		
			Total			
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			
				\$		

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4472 Arco Coll Sv 5705 Stage Road Bartlett, TN 38134	W	OPEN ACCOUNT OPENED 0/ collection for Delta Medical Ctr,				100.00
ACCOUNT NO. Baptist Health Lexington P.O. Box 69 Nashport, OH 43830-0690	J					0.00
ACCOUNT NO. Baptist Memorial Hospital P.O. Box 144 Memphis, TN 38101	J					0.00
ACCOUNT NO. Baptist Memorial Hospital Desote P.O. Box 638 Paris, TN 38242-0638	J					0.00
ACCOUNT NO. 7494 Baptist Physicians Surgery P.O. Box 910966 Lexington, KY 40591-0966	J					625.29
ACCOUNT NO. Blue Grass Regional Imaging 1218 South Broadway, Ste. 310 Lexington, KY 40504	J					50.74
ACCOUNT NO. BMH-Desoto P.O. Box 415000 Nashville, TN 37241-5000	J					0.00
Sheet no. <u>1</u> of <u>25</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			\$ 776.03
			Total			\$
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. Bruce Denney, DDS 7125 Getwell Rd. S., Ste. 102 Southaven, MS 38672	J				0.00
ACCOUNT NO. Campbell Clinic 1400 South Germantown Rd Germantown, TN 38138	J				0.00
ACCOUNT NO. 1554 Cash Advance America 1750 Goodman Rd., Ste. 200 Horn Lake, MS 38637	J				180.00
ACCOUNT NO. 4282 Cbs Col Lex 2541 Sir Barton Wa Lexington, KY 40578	W	OPEN ACCOUNT OPENED 0/ collection for Baptist Health Lexington 22			1,276.00
ACCOUNT NO. 4044 Cbs Col Lex 2541 Sir Barton Wa Lexington, KY 40578	W	OPEN ACCOUNT OPENED 0/			1,185.00
ACCOUNT NO. 4283 Cbs Col Lex 2541 Sir Barton Wa Lexington, KY 40578	W	OPEN ACCOUNT OPENED 0/			959.00
ACCOUNT NO. 2595 Cbs Col Lex 2541 Sir Barton Wa Lexington, KY 40578	W	OPEN ACCOUNT OPENED 0/			278.00
Sheet no. 2 of 25 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 3,878.00	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. 7715 Cbs Col Lex 2541 Sir Barton Wa Lexington, KY 40578	H	OPEN ACCOUNT OPENED 0/			259.00
ACCOUNT NO. 0736 Cbs Col Lex 2541 Sir Barton Wa Lexington, KY 40578	W	OPEN ACCOUNT OPENED 0/			254.00
ACCOUNT NO. 9244 Cbs Col Lex 2541 Sir Barton Wa Lexington, KY 40578	W	OPEN ACCOUNT OPENED 0/ collection for Baptist Physicians Lex Allsc			211.00
ACCOUNT NO. 1944 Cbs Col Lex 2541 Sir Barton Wa Lexington, KY 40578	W	OPEN ACCOUNT OPENED 0/			178.00
ACCOUNT NO. 8480 Cbs Col Lex 2541 Sir Barton Wa Lexington, KY 40578	W	OPEN ACCOUNT OPENED 0/			168.00
ACCOUNT NO. 3796 Central Financial Control P.O. Box 66044 Anaheim, CA 92816-6044	J				415.76
ACCOUNT NO. 3796 Central Finl Control Po Box 66044 Anaheim, CA 92816	W	OPEN ACCOUNT OPENED 3/2013 collection for Saint Francis Hospital			415.00
Sheet no. 3 of 25 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 1,900.76	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
Central Kentucky Anesthesia 425 Lewis Hargett Circle Lexington, KY 40503	J				0.00
ACCOUNT NO.					
Central Kentucky Mgmt. Services Lockbox 951336 Cleveland, OH 44193	J				0.00
ACCOUNT NO.					
Check N Go 362 Stateline Road W. Southaven, MS 38671	J				0.00
ACCOUNT NO.					
Chipp, Caffrey And Dubilier, 290 Big Run Rd. Lexington, KY 40503-2903	J				0.00
ACCOUNT NO. 9573					
Cmre. 877-572-7555 3075 E Imperial Hwy Ste Brea, CA 92821	W	OPEN ACCOUNT OPENED 6/2011			373.00
ACCOUNT NO. 5076					
Cmre. 877-572-7555 3075 E Imperial Hwy Ste Brea, CA 92821	W	OPEN ACCOUNT OPENED 1/2012			550.00
ACCOUNT NO. 3429					
Cmre. 877-572-7555 3075 E Imperial Hwy Ste Brea, CA 92821	W	OPEN ACCOUNT OPENED 6/2011			550.00
Sheet no. <u>4</u> of <u>25</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		\$ 1,473.00
			Total		\$
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. 4316 Cmre. 877-572-7555 3075 E Imperial Hwy Ste Brea, CA 92821	W	OPEN ACCOUNT OPENED 3/2011			373.00
ACCOUNT NO. Comcast P.O. Box 105184 Atlanta, GA 30348					0.00
ACCOUNT NO. 6850 Cons Rec Sys 2650 Thousand Oaks Memphis, TN 38118	H	OPEN ACCOUNT OPENED 0/ collection for Methodist Healthcare			241.00
ACCOUNT NO. Consolidated Recovery System P.O. Box 1719 Memphis, TN 38101		collection for Methodist			0.00
ACCOUNT NO. Convenient Care Clinic P.O. Box 671478 Dallas, TX 75267	J				0.00
ACCOUNT NO. Convenient Care Clinic P.O. Box 671478 Dallas, TX 75267					0.00
ACCOUNT NO. Convergent P.O. Box 9004 Renton, WA 98057	J	collectionf or REgions Bank			0.00
Sheet no. 5 of 25 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 614.00	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
Credit Bureau Centre 604 West Broadway West Plains, MO 65775-2641	J	collection for Dr. Evan Wood			0.00
ACCOUNT NO. 0846	H	OPEN ACCOUNT OPENED 0/ collection for Victoria Fire Casualty			118.00
Credit Coll Po Box 9134 Needham, MA 02494					
ACCOUNT NO. 8045	H	OPEN ACCOUNT OPENED 0/ collection for Progressive Insurance Co.			216.00
Credit Coll Po Box 9134 Needham, MA 02494					
ACCOUNT NO.	J	colection for AT&T			
Credit Collection Services Two Wells Avenue Newton, MA 02459					0.00
ACCOUNT NO. 6038	W	OPEN ACCOUNT OPENED 2/2014 collection for Comcast Memphis			
Credit Management Lp 4200 International Pkwy Carrollton, TX 75007					381.00
ACCOUNT NO. 2117	W	OPEN ACCOUNT OPENED 11/2014 collection for Kentucky Utilities			
Credit Protection Asso One Galleria Tower Dallas, TX 75240					805.00
ACCOUNT NO.	J				
Dermatology East 1335 Cordova CV Germantown, TN 38138-2200					0.00
Sheet no. <u>6</u> of <u>25</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <u>1,520.00</u>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.	J				
Desoto Ear Nose And Throat 5960 Getwell Rd Ste 212 D Southaven, MS 38672					0.00
ACCOUNT NO. 7051	H	OPEN ACCOUNT OPENED 0/ collection for Atmos Energy			211.00
Dynamic Rec 2775 Villa Creek Dallas, TX 75234					
ACCOUNT NO.	J				
East Memphis Anesthesia Services P.O. Box 171181 Memphis, TN 38187					0.00
ACCOUNT NO. 0001	W	OPEN ACCOUNT OPENED 11/2014 COLLECTION FOR us bANK elt aFFINITY dIR			
Ecmc 1 Imation PI Oakdale, MN 55128					48,178.00
ACCOUNT NO. 2118	J				
Endoscopy Ctr Of The Mid South 3960 Knight Arnold Rd.M, Ste. 117 Memphis, TN 38118-3035					95.70
ACCOUNT NO. 2808	H	OPEN ACCOUNT OPENED 0/ collection for Time Warner Cable			
Eos Cca Po Box 981025 Boston, MA 02298					268.00
ACCOUNT NO.	J				
EOS CCA P.O. Box 169 Norwell, MA 02061-0169					0.00
Sheet no. 7 of 25 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 48,752.70	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. 8363	J				42.36
Family Medical Clinic Of North Miss 3451 Goodman Rd., E. Ste. 115 Southaven, MS 38672					
ACCOUNT NO.	J				0.00
First Chase 7954 Tunsit Rd., #304 Williamsville, NY 14221					
ACCOUNT NO.	J	collection for First Premier Bank			0.00
First National Collection Bureau P.O. Box 1259 Oaks, PA 19456					
ACCOUNT NO. 6993	H	REVOLVING ACCOUNT OPENED 1/2010			416.00
First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107					
ACCOUNT NO. 1530	W	REVOLVING ACCOUNT OPENED 7/2009			406.00
First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107					
ACCOUNT NO.	J				0.00
Francis Fenaughty, MD 8010 Stage Hills Blvd. Bartlett, TN 38184					
ACCOUNT NO.	J	collection for Duckworth Pathology			0.00
Frost Arnett Co. P.O. Box 198988 Nashville, TN 37219-8988					
Sheet no. 8 of 25 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	864.36
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. Georgetown Community Hospital P.O. Box 742755 Atlanta, GA 30374	J				0.00
ACCOUNT NO. 0002 Georgetown Pediatrics PSC 1162 Lexington Rd. Georgetown, KY 40324-9390	J				0.00
ACCOUNT NO. 7610 Gla Collection Co Inc 2630 Gleeson Ln Louisville, KY 40299	W	OPEN ACCOUNT OPENED 9/2013 collection for Baptist Physicians Surgery Ctr.			625.00
ACCOUNT NO. 0441 Gla Collection Co Inc 2630 Gleeson Ln Louisville, KY 40299	W	OPEN ACCOUNT OPENED 10/2014 collection for baptist Anesthesia			850.00
ACCOUNT NO. 8941 Gla Collection Co Inc 2630 Gleeson Ln Louisville, KY 40299	W	OPEN ACCOUNT OPENED 5/2014 collection for Central KY Radiology			30.00
ACCOUNT NO. 4793 Gla Collection Co Inc 2630 Gleeson Ln Louisville, KY 40299	W	OPEN ACCOUNT OPENED 7/2013 collection for Central KY Anesthesia PSC			172.00
ACCOUNT NO. 6064 Gla Collection Co Inc 2630 Gleeson Ln Louisville, KY 40299	W	OPEN ACCOUNT OPENED 8/2013 collection for Bluegrass Reg Imaging			50.00
Sheet no. 9 of 25 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 1,727.00	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. 9127 Gla Collection Co Inc 2630 Gleeson Ln Louisville, KY 40299	W	OPEN ACCOUNT OPENED 2/2014 collection for Chipps Caffrey Dubilier PSC			48.00
ACCOUNT NO. 4382 Gla Collection Co Inc 2630 Gleeson Ln Louisville, KY 40299	H	OPEN ACCOUNT OPENED 12/2013 collection for St. Joseph Phy-allscripts			47.00
ACCOUNT NO. 9079 Gla Collection Co Inc 2630 Gleeson Ln Louisville, KY 40299	W	OPEN ACCOUNT OPENED 2/2015			41.00
ACCOUNT NO. 0912 Gm Financial Po Box 181145 Arlington, TX 76096	H	INSTALLMENT ACCOUNT OPENED 8/2012 Repossession			15,739.00
ACCOUNT NO. 8204 Harvard Coll 4839 N Elston Ave Chicago, IL 60630	H	OPEN ACCOUNT OPENED 0/ collection for Sprint			370.00
ACCOUNT NO. Harvard Collection Services 4839 N. Elston Ave. Chicago, IL 60630-2534	J	collection for Sprint			0.00
ACCOUNT NO. Horn Lake Chiropractic Centre, Inc. 3400 Goodman Rd. Horn Lake, MS 38637-1174	J				18.63
Sheet no. <u>10</u> of <u>25</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <u>16,263.63</u>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. HRRG P.O. Box 189053 Plantation, FL 33318	J	collection for Physician Services			0.00
ACCOUNT NO. 8381 Ic Systems Inc Po Box 64378 Saint Paul, MN 55164	W	OPEN ACCOUNT OPENED 8/2014 collection for Pediatrix Medical Group			981.00
ACCOUNT NO. J. Harley Barrow, Jr., MD 628 Hospital Dr., Ste. 2A Mountain Home, AR 72653	J				0.00
ACCOUNT NO. Kentucky Utilities P.O. Box 9037 Addison, TX 75001-9037	J				805.17
ACCOUNT NO. KLS P.O. Box 2754 Spokane, WA 99220-2754	J	collection for Saint Joseph Hospital			0.00
ACCOUNT NO. 9770 Kriss Pediatric Imaging P.O. Box 910670 Lexington, KY 40591-0670	J				3.65
ACCOUNT NO. Labcorp P.O. Box 2240 Burlington, NC 27216-2240	J				0.00
Sheet no. <u>11</u> of <u>25</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 1,789.82	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. 2264 Law Office Of David W. Edwards, PC P.O. Box 910 Paris, TN 38242-0910	J				521.13
ACCOUNT NO. LCA Collections P.O. Box 2240 Burlington, NC 27216	J	collection for Labcorp			0.00
ACCOUNT NO. Lexington Cardiology AT Ctr. P.O. Box 910670 Lexington, KY 40591-0670	J				0.00
ACCOUNT NO. 7263 Lexington OBGYN 1760 Nicholasville Rd., 101 Lexington, KY 40503-1471	J				1,413.85
ACCOUNT NO. 9661 Lifetime Family Dental Care 240 Blossom Park Dr., Ste. 1 Georgetown, KY 40324-8075	J				253.80
ACCOUNT NO. Lifetime Family Dental Care 240 Blossom Park Dr., Suite 1 Georgetown, KY 40324-8075	J				0.00
ACCOUNT NO. Main Street Medical Clinic P.O. Box 578 Harrison, AR 72602-0578	J				520.00
Sheet no. 12 of 25 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 2,708.78	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. 1139 Marshall Emergency Services 1792 Alysheba Way, Ste. 150 Lexington, KY 40509-2285	J				50.40
ACCOUNT NO. Marshall Emergency Services 1792 Alysheba Way, Ste. 150 Lexington, KY 40509-2285	J				0.00
ACCOUNT NO. McCarthy, Burgess & Wolff, Inc. 26000 Cannon Rd Cleveland, OH 44146	J	collection for Orkin			0.00
ACCOUNT NO. 5652 Medical Finc 5100 Poplar Ave Memphis, TN 38137	W	OPEN ACCOUNT OPENED 0/ collection for BMH-desoto			723.00
ACCOUNT NO. MedPost Urgent Care-Olive Branch P.O. Box 742698 Atlanta, GA 30374-2698	J				0.00
ACCOUNT NO. MedPost Urgent Care-Olive Branch P.O. Box 742698 Atlanta, GA 30374-2698	J				0.00
ACCOUNT NO. Mercantile Adjustment Bureau P.O. Box 9016 Williamsville, NY 14231-9016	J	collection for rEgional Acceptance			0.00
Sheet no. <u>13</u> of <u>25</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	773.40
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
Mericredit P.O. Box 1629 Maryland Heights, MO 63043-0629	J	collection for GEortown Community Hospital			0.00
ACCOUNT NO. 4214					
Mesa P.O. Box 630823 Cincinnati, OH 45263-0823	J	collection for Georgetown Community Hospital			35.80
ACCOUNT NO.					
Methodist Healthcare P.O. Box 2279 Memphis, TN 38101-2279	J				0.00
ACCOUNT NO.					
Mid South Imaging And Therapeutics P.O. Box 5083 Memphis, TN 38101	J				0.00
ACCOUNT NO. 2828					
Natl Recover 2491 Paxton Street Harrisburg, PA 17111	H	OPEN ACCOUNT OPENED 0/ collection for Bankplus			2,783.00
ACCOUNT NO.					
NCO Financial Systems, Inc. P.O. Box 15740 Wilmington, DE 19850-5740	J				0.00
ACCOUNT NO.					
NCO Financial Systems, Inc. PO BOX 4275 Norcross, GA 30091	J	collection for UMAS			0.00
Sheet no. <u>14</u> of <u>25</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 2,818.80	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO.					
Nicole Payne 2149 West Stateline Rd. Southaven, MS 38671	J				0.00
ACCOUNT NO.					
Northeast MS Health Care 12 East Brunswick Ave Byhalia, MS 38611	J				0.00
ACCOUNT NO.					
Northeast MS Health Care 12 East Brunswick Ave Byhalia, MS 38611	J				0.00
ACCOUNT NO.					
Northeast MS Health Care, Inc. 12 East Brunswick Byhalia, MS 38611-9998	J				0.00
ACCOUNT NO.					
NPAS Solutions, LLC P.O. Box 2248 Maryland Heights, MO 63043-1048	J	collection for georgetown Community Hospital			0.00
ACCOUNT NO.					
Ozark Pathology P.O. Box 310 Mountain Home, AR 72654-0310	J				0.00
ACCOUNT NO.					
Pathgroup P.O., Box 530310 Atlanta, GA 30353-0310	J				0.00
Sheet no. <u>15</u> of <u>25</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. Pediatri Emergency Specialists 5885 Aiurline Rd. #1011 Arlington, TN 38002	J				0.00
ACCOUNT NO. PennCredit P.O. Box 988 Harrisburg, PA 17108-0988	J	COLLECTIONF OR h&r bLOCK			0.00
ACCOUNT NO. Physician Billing Service P.O. Box 116652 Atlanta, GA 30368-6652	J				0.00
ACCOUNT NO. 0968 Premier Gastroenterlogy P.O. Box 40895 Memphis, TN 38174-0895	J				304.37
ACCOUNT NO. 9316 Profcrjonsbo Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 0/ collection for Baxter rEgional Ctr			200.00
ACCOUNT NO. 5032 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 2/2013			226.00
ACCOUNT NO. 7223 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 3/2011 collection for Preferred Medical Assoc			218.00
Sheet no. 16 of 25 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	948.37
			Total	\$	
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. 2979 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 6/2012 collection for physical Therapy Specialists			217.00
ACCOUNT NO. 3620 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 3/2011			166.00
ACCOUNT NO. 8613 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 8/2009 collection for Baxter Reg Orthopedic Clinic			134.00
ACCOUNT NO. 3733 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 3/2011			112.00
ACCOUNT NO. 2317 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 10/2009 collection for North Arkansas Radiology Assoc			49.00
ACCOUNT NO. 9156 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 9/2010 collection for Lincoln Alexander Godfrey			37.00
ACCOUNT NO. 6829 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	H	OPEN ACCOUNT OPENED 1/2012 collection for Delta Medical Anesthesia			36.00
Sheet no. <u>17</u> of <u>25</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	<u>751.00</u>
			Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. 9459 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 1/2012 collection for North Arkansas radiology Assoc			34.00
ACCOUNT NO. 4447 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 4/2012 collection for J Harley Barrow MD			100.00
ACCOUNT NO. 7383 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 7/2012 collection for Twin Lakes Med Specialist			70.00
ACCOUNT NO. 7925 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 2/2011			66.00
ACCOUNT NO. 4461 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 4/2011			50.00
ACCOUNT NO. 1008 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 11/2011			32.00
ACCOUNT NO. 0370 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 6/2010			30.00
Sheet no. 18 of 25 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	382.00
			Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED	
ACCOUNT NO. 5980 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 4/2011 COLLECTION FOR ReGIONAL mEDICAL cENTER			3,210.00
ACCOUNT NO. 4225 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 9/2010 collection for Ozarks Medical Ctr.			2,094.00
ACCOUNT NO. 3285 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 11/2010 collection for Burnett Croom Linocln Paden			1,805.00
ACCOUNT NO. 0051 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 4/2011			1,721.00
ACCOUNT NO. 4721 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 3/2011 collection for Cardiovascular Associ of NC Ark			352.00
ACCOUNT NO. 8901 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 11/2010 collectionb for Ozark Pathology Assoc			336.00
ACCOUNT NO. 6013 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 8/2010			333.00
Sheet no. <u>19</u> of <u>25</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <u>9,851.00</u>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. 7941 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 5/2011			650.00
ACCOUNT NO. 9130 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 2/2012 collection for WRMS Clinic			565.00
ACCOUNT NO. 2308 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 10/2011 collection for Main Street Medical Clinic			520.00
ACCOUNT NO. 6560 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 8/2011 collection for Ozark Pathology			469.00
ACCOUNT NO. 4393 Professional Cr Mgmt Po Box 1629 Maryland Heights, MO 63043	W	OPEN ACCOUNT OPENED 2/2012 collection for Radiology Assoc North AR			424.00
ACCOUNT NO. 4701 Regional Acceptance Co 5425 Robin Road Norfolk, VA 23513	H	INSTALLMENT ACCOUNT OPENED 1/2008 Repossession			17,762.00
ACCOUNT NO. Retrieval Masters Creditors Bureau 4 Westchester Plaza, Ste. 110 Elmsford, NY 10523	J	collection for Laboratory Corp of America			0.00
Sheet no. <u>20</u> of <u>25</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <u>20,390.00</u>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. 7892 Revenue Recovery Corp 612 Gay St Knoxville, TN 37902	W	OPEN ACCOUNT OPENED 3/2013 collection for Collierville ER			955.00
ACCOUNT NO. 1355 Revenue Recovery Corp 612 Gay St Knoxville, TN 37902	W	OPEN ACCOUNT OPENED 6/2013 collection for Collierville ER			641.00
ACCOUNT NO. Saint Francis Hospital P.O. Box 741274 Atlanta, GA 30374-1274	J				0.00
ACCOUNT NO. 4372 Sca Cred Svc 1502 Williamson Ro Roanoke, VA 24012	W	OPEN ACCOUNT OPENED 0/ collection for Univ KY Albert B. Chander HO			313.00
ACCOUNT NO. 7403 Se Fincl Svs 475 E South Street Collierville, TN 38017	H	OPEN ACCOUNT OPENED 0/ collection for DR Tariq Khan			304.00
ACCOUNT NO. 8628 Semmes Murphey Clinic P.O. Box 1000, Dept. 575 Memphis, TN 38148-0001	J				119.41
ACCOUNT NO. Semmes-Murphey Clinic P.O. Box 1000, Dept. 575 Memphis, TN 38148-0001	J				0.00
Sheet no. <u>21</u> of <u>25</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <u>2,332.41</u>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. Senex Services P.O. Box 30516 Lansing, MI 48909-8016	J				0.00
ACCOUNT NO. Stern Cardiovascular Center P.O. Box 1000 Dept 984 Memphis, TN 38148	J				0.00
ACCOUNT NO. Tate & Kirlin Associates 2810 Southampton Rd Philadelphia, PA 19154	J				0.00
ACCOUNT NO. TCM Inc. P.O. Box 1945 Corinth, MS 38835	J	collection for Family Medical Clinic of N MS			0.00
ACCOUNT NO. 1635 Telerythmics, LLC P.O. Box 197 Memphis, TN 38101-0197	J				17.00
ACCOUNT NO. The CBE Group P.O. Box 2337 Waterloo, IA 50704-2337	J	collectionb for UAMS Med Ctr.			0.00
ACCOUNT NO. The Neurosurgical Center 55 Physicians Lane, Ste. 1 Southaven, MS 38671	J				0.00
Sheet no. 22 of 25 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	17.00
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.	J				
Time Warner-Credit Mngt. P.O. Box 118288 Carrollton, TX 75011-8288					660.79
ACCOUNT NO. 9922	H	OPEN ACCOUNT OPENED 6/2010 collection for Resorts Tunica			
Trident Asset Manageme 53 Perimeter Ctr E Ste 4 Atlanta, GA 30346					90.00
ACCOUNT NO.	J				
Trinity Billing Solutions P.O. Box 1890 Jonesboro, AR 72403					0.00
ACCOUNT NO. 4531	J				
Twin Lake Medical Specialists 628 Hospital Dr. Ground Floor, Ste. A Mountain Home, AR 72653					0.00
ACCOUNT NO. 7777	W	INSTALLMENT ACCOUNT OPENED 8/2011			
U S Dept Of Ed/gsl/atl Po Box 4222 Iowa City, IA 52244					831.00
ACCOUNT NO. 0856	W	INSTALLMENT ACCOUNT OPENED 1/2010			
U S Dept Of Ed/gsl/atl Po Box 4222 Iowa City, IA 52244					2,647.00
ACCOUNT NO. 7780	W	INSTALLMENT ACCOUNT OPENED 6/2010			
U S Dept Of Ed/gsl/atl Po Box 4222 Iowa City, IA 52244					2,647.00
Sheet no. 23 of 25 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		\$ 6,875.79
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. 1077 U S Dept Of Ed/gsl/atl Po Box 4222 Iowa City, IA 52244	W	INSTALLMENT ACCOUNT OPENED 8/2010			9,437.00
ACCOUNT NO. 1074 U S Dept Of Ed/gsl/atl Po Box 4222 Iowa City, IA 52244		INSTALLMENT ACCOUNT OPENED 8/2011			7,011.00
ACCOUNT NO. 7784 U S Dept Of Ed/gsl/atl Po Box 4222 Iowa City, IA 52244	W	INSTALLMENT ACCOUNT OPENED 8/2010			6,276.00
ACCOUNT NO. UAMS Medical Ctr. P.O. Box 504962 St. Louis, MO 63150-4962		J			0.00
ACCOUNT NO. UK A.B. Chandler Hospital Lockbox 951319 Cleveland, OH 44193-0011	J	J			0.00
ACCOUNT NO. UMAS College Of Medicine P.O. Box 251508 Little Rock, AR 72225-1420		J			0.00
ACCOUNT NO. 9398 Universal Collection Systems P.O. Box 751090 Memphis, TN 38175	J	collection for Stern Cardiovascular Foundation			45.00
Sheet no. 24 of 25 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 22,769.00	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. Valerie Futris Fisher P.O. Box 1870 Collierville, TN 38027	J	collection for BMH-Desoto			0.00
ACCOUNT NO. 8277 West Asset Management 2703 N Highway 75 Sherman, TX 75090	W	OPEN ACCOUNT OPENED 2/2014 collection for Georgetown Community Hospital			304.00
ACCOUNT NO. 8283 West Asset Management 2703 N Highway 75 Sherman, TX 75090	W	OPEN ACCOUNT OPENED 2/2014 collection for Georgetown Community Hospital			362.00
ACCOUNT NO.					
ACCOUNT NO.					
ACCOUNT NO.					
ACCOUNT NO.					
ACCOUNT NO.					
Sheet no. 25 of 25 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 666.00	
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)					
				\$ 150,842.85	

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Fill in this information to identify your case:

Debtor 1 **Jeff Gordon Hood**
 First Name _____ Middle Name _____ Last Name _____

Debtor 2 **Jennifer Jean Hood**
 (Spouse, if filing) First Name _____ Middle Name _____ Last Name _____

United States Bankruptcy Court for the: Northern District of Mississippi

Case number **15-13244**
 (If known)

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

Employed
 Not employed

Employed
 Not employed

Occupation

Hub Planner

Employer's name

Fed Ex

Employer's address

1790 Kirby Parkway, Suite 300

Number Street

Number Street

Memphis, TN 38138-0000

City State ZIP Code

City State ZIP Code

How long employed there? **20 years**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ **6,479.46**

\$ **0.00**

3. Estimate and list monthly overtime pay.

3. + \$ **0.00**

+ \$ **0.00**

4. Calculate gross income. Add line 2 + line 3.

4. \$ **6,479.46**

\$ **0.00**

Debtor 1 **Jeff Gordon Hood**
First Name Middle Name Last NameCase number (if known) **15-13244**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ➔ 4.	\$ 6,479.46	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,150.49	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 73.94	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 325.24	\$ 0.00
5e. Insurance	5e. \$ 369.13	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: See Schedule Attached	5h. + \$ 133.34	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 2,052.13	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 4,427.33	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 4,427.33 + \$ 0.00	= \$ 4,427.33
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
11. + \$ 0.00		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies		
12. \$ 4,427.33		
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: None		

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 1 of 1

	DEBTOR	SPOUSE
Other Payroll Deductions:		
Credit Assn	12.50	0.00
Credit Assoc	108.34	0.00
CrediC ASSN	12.50	0.00

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 44 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: September 28, 2015 Signature: /s/ Jeff Gordon Hood Debtor
Jeff Gordon Hood

Date: September 28, 2015 Signature: /s/ Jennifer Jean Hood (Joint Debtor, if any)
Jennifer Jean Hood [If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.)
If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Fill in this information to identify your case:

Debtor 1	Jeff Gordon Hood	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Jennifer Jean Hood	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Mississippi				
Case number (if known)	15-13244			

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 expenses as of the following date:
 MM / DD / YYYY
 A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

17

No

Yes

Son

10

No

Yes

Son

9

No

Yes

Son

19mont

No

Yes

Daughter

22

No

Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

Your expenses	
4.	\$ 0.00
4a.	\$ 0.00
4b.	\$ 0.00
4c.	\$ 300.00
4d.	\$ 0.00

Debtor 1 **Jeff Gordon Hood**
 First Name Middle Name Last Name

Case number (if known) **15-13244**

5. **Additional mortgage payments for your residence**, such as home equity loans

5. \$ **0.00**

6. **Utilities:**

6a. Electricity, heat, natural gas
 6b. Water, sewer, garbage collection
 6c. Telephone, cell phone, Internet, satellite, and cable services
 6d. Other. Specify: **Cable And Internet**

6a. \$ **400.00**
 6b. \$ **75.00**
 6c. \$ **480.00**
 6d. \$ **200.00**

7. **Food and housekeeping supplies**

7. \$ **800.00**

8. **Childcare and children's education costs**

8. \$ **0.00**

9. **Clothing, laundry, and dry cleaning**

9. \$ **200.00**

10. **Personal care products and services**

10. \$ **50.00**

11. **Medical and dental expenses**

11. \$ **150.00**

12. **Transportation**. Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ **350.00**

13. **Entertainment, clubs, recreation, newspapers, magazines, and books**

13. \$ **100.00**

14. **Charitable contributions and religious donations**

14. \$ **0.00**

15. **Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance
 15b. Health insurance
 15c. Vehicle insurance
 15d. Other insurance. Specify: _____

15a. \$ **0.00**
 15b. \$ **0.00**
 15c. \$ **200.00**
 15d. \$ **0.00**

16. **Taxes**. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____

16. \$ **0.00**

17. **Installment or lease payments:**

17a. Car payments for Vehicle 1
 17b. Car payments for Vehicle 2
 17c. Other. Specify: _____
 17d. Other. Specify: _____

17a. \$ **0.00**
 17b. \$ **0.00**
 17c. \$ **0.00**
 17d. \$ **0.00**

18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).**

18. \$ **0.00**

19. **Other payments you make to support others who do not live with you.**

Specify: _____

19. \$ **0.00**

20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property
 20b. Real estate taxes
 20c. Property, homeowner's, or renter's insurance
 20d. Maintenance, repair, and upkeep expenses
 20e. Homeowner's association or condominium dues

20a. \$ **0.00**
 20b. \$ **0.00**
 20c. \$ **0.00**
 20d. \$ **0.00**
 20e. \$ **0.00**

Debtor 1 **Jeff Gordon Hood**
First Name Middle Name Last Name

Case number (if known) **15-13244**

21. Other. Specify: _____

21. +\$ **0.00**

22. Your monthly expenses. Add lines 4 through 21.

The result is your monthly expenses.

22. \$ **3,305.00**

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ **4,427.33**

23b. Copy your monthly expenses from line 22 above.

23b. - \$ **3,305.00**

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$ **1,122.33**

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. **None**

IN RE:

Case No. 15-13244Hood, Jeff Gordon & Hood, Jennifer JeanChapter 13

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
0.00	2014-\$73,500.00 (Fed Ex)
	2015-\$51,800.00 (Fed Ex)

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors*Complete a. or b., as appropriate, and c.*

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255. * If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE
Credit Counseling

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
	10.00

10. Other transfers

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

b. List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

b. List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

b. List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

b. List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

b. If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS 220 Ransom Trace, Georgetown, KY	NAME USED	DATES OF OCCUPANCY 1/2013 - 6/2014
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16. Spouses and Former Spouses

b. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

“Environmental Law” means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

“Site” means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

“Hazardous Material” means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

b. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: September 28, 2015

Signature /s/ Jeff Gordon Hood
of Debtor

Jeff Gordon Hood

Date: September 28, 2015

Signature /s/ Jennifer Jean Hood
of Joint Debtor
(if any)

Jennifer Jean Hood

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Hood, Jeff Gordon & Hood, Jennifer Jean

Debtor(s)

Case No. 15-13244

Chapter 13

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: September 28, 2015

Signature: /s/ Jeff Gordon Hood
Jeff Gordon Hood

Debtor

Date: September 28, 2015

Signature: /s/ Jennifer Jean Hood
Jennifer Jean Hood

Joint Debtor, if any

Accounts Receivable Mangement Servces
P.O. Box 638
Paris, TN 38242

Alcoa Billing Center
3429 Regal Dr.
Alcoa, TN 37701

Allied Interstate, Inc.
P.O. Box 4000
Warrenton, VA 20188

AMCA Collection Agency
P.O. Box 1235
Elmsford, NY 10523-0935

Arco Coll Sv
5705 Stage Road
Bartlett, TN 38134

Baptist Heallth Lexington
P.O. Box 69
Nashport, OH 43830-0690

Baptist Memorial Hospital
P.O. Box 144
Memphis, TN 38101

Baptist Memorial Hospital Desote
P.O. Box 638
Paris, TN 38242-0638

Baptist Physicians Surgery
P.O. Box 910966
Lexington, KY 40591-0966

Blue Grass Regional Imaging
1218 South Broadway, Ste. 310
Lexington, KY 40504

BMH-Desoto
P.O. Box 415000
Nashville, TN 37241-5000

Bruce Denney, DDS
7125 Getwell Rd. S., Ste. 102
Southaven, MS 38672

Campbell Clinic
1400 South Germantown Rd
Germantown, TN 38138

Cash Advance America
1750 Goodman Rd., Ste. 200
Horn Lake, MS 38637

Cbs Col Lex
2541 Sir Barton Wa
Lexington, KY 40578

Central Financial Control
P.O. Box 66044
Anaheim, CA 92816-6044

Central Finl Control
Po Box 66044
Anaheim, CA 92816

Central Kentucky Anesthesia
425 Lewis Hargett Circle
Lexington, KY 40503

Central Kentucky Mgmt. Services
Lockbox 951336
Cleveland, OH 44193

Check N Go
362 Stateline Road W.
Southaven, MS 38671

Chipps, Caffrey And Dubilier,
290 Big Run Rd.
Lexington, KY 40503-2903

Cmre. 877-572-7555
3075 E Imperial Hwy Ste
Brea, CA 92821

Comcast
P.O. Box 105184
Atlanta, GA 30348

Cons Rec Sys
2650 Thousand Oaks
Memphis, TN 38118

Consolidated Recovery System
P.O. Box 1719
Memphis, TN 38101

Convenient Care Clinic
P.O. Box 671478
Dallas, TX 75267

Convergent
P.O. Box 9004
Renton, WA 98057

Credit Bureau Centre
604 West Broadway
West Plains, MO 65775-2641

Credit Coll
Po Box 9134
Needham, MA 02494

Credit Collection Services
Two Wells Avenue
Newton, MA 02459

Credit Management Lp
4200 International Pkwy
Carrollton, TX 75007

Credit Protection Asso
One Galleria Tower
Dallas, TX 75240

Dermatology East
1335 Cordova CV
Germantown, TN 38138-2200

Desoto Ear Nose And Throat
5960 Getwell Rd Ste 212 D
Southaven, MS 38672

Drive Time
1800 N Colorado St
Gilbert, AZ 85233

Dynamic Rec
2775 Villa Creek
Dallas, TX 75234

East Memphis Anesthesia Services
P.O. Box 171181
Memphis, TN 38187

Ecmc
1 Imation Pl
Oakdale, MN 55128

Endoscopy Ctr Of The Mid South
3960 Knight Arnold Rd.M, Ste. 117
Memphis, TN 38118-3035

Eos Cca
Po Box 981025
Boston, MA 02298

EOS CCA
P.O. Box 169
Norwell, MA 02061-0169

Family Medical Clinic Of North Miss
3451 Goodman Rd., E. Ste. 115
Southaven, MS 38672

First Chase
7954 Tunsit Rd., #304
Williamsville, NY 14221

First National Collection Bureau
P.O. Box 1259
Oaks, PA 19456

First Premier Bank
3820 N Louise Ave
Sioux Falls, SD 57107

Francis Fenaughty, MD
8010 Stage Hills Blvd.
Bartlett, TN 38184

Frost Arnett Co.
P.O. Box 198988
Nashville, TN 37219-8988

Georgetown Community Hospital
P.O. Box 742755
Atlanta, GA 30374

Georgetown Pediatrics PSC
1162 Lexington Rd.
Georgetown, KY 40324-9390

Gla Collection Co Inc
2630 Gleeson Ln
Louisville, KY 40299

Gm Financial
Po Box 181145
Arlington, TX 76096

Harvard Coll
4839 N Elston Ave
Chicago, IL 60630

Harvard Collection Services
4839 N. Elston Ave.
Chicago, IL 60630-2534

Horn Lake Chiropractic Centre, Inc.
3400 Goodman Rd.
Horn Lake, MS 38637-1174

HRRG
P.O. Box 189053
Plantation, FL 33318

Ic Systems Inc
Po Box 64378
Saint Paul, MN 55164

Internal Revenue Service
P.O. Box 21126
Philadelphia, PA 19114

J. Harley Barrow, Jr., MD
628 Hospital Dr., Ste. 2A
Mountain Home, AR 72653

Kentucky Utilities
P.O. Box 9037
Addison, TX 75001-9037

KLS
P.O. Box 2754
Spokane, WA 99220-2754

Kriss Pediatric Imaging
P.O. Box 910670
Lexington, KY 40591-0670

Labcorp
P.O. Box 2240
Burlington, NC 27216-2240

Law Office Of David W. Edwards, PC
P.O. Box 910
Paris, TN 38242-0910

LCA Collections
P.O. Box 2240
Burlington, NC 27216

Lexington Cardiology AT Ctr.
P.O. Box 910670
Lexington, KY 40591-0670

Lexington OBGYN
1760 Nicholasville Rd., 101
Lexington, KY 40503-1471

Lifetime Family Dental Care
240 Blossom Park Dr., Ste. 1
Georgetown, KY 40324-8075

Lifetime Family Dental Care
240 Blossom Park Dr., Suite 1
Georgetown, KY 40324-8075

Main Street Medical Clinic
P.O. Box 578
Harrison, AR 72602-0578

Marshall Emergency Services
1792 Alysheba Way, Ste. 150
Lexington, KY 40509-2285

McCarthy, Burgess & Wolff, Inc.
26000 Cannon Rd
Cleveland, OH 44146

Medical Finc
5100 Poplar Ave
Memphis, TN 38137

MedPost Urgent Care-Olive Branch
P.O. Box 742698
Atlanta, GA 30374-2698

Mercantile Adjustment Bureau
P.O. Box 9016
Williamsville, NY 14231-9016

Mericredit
P.O. Box 1629
Maryland Heights, MO 63043-0629

Mesa
P.O. Box 630823
Cincinnati, OH 45263-0823

Methodist Healthcare
P.O. Box 2279
Memphis, TN 38101-2279

Mid South Imaging And Therapeutics
P.O. Box 5083
Memphis, TN 38101

Natl Recover
2491 Paxton Street
Harrisburg, PA 17111

NCO Financial Systems, Inc.
P.O. Box 15740
Wilmington, DE 19850-5740

NCO Financial Systems, Inc.
PO BOX 4275
Norcross, GA 30091

Nicole Payne
2149 West Stateline Rd.
Southaven, MS 38671

Northeast MS Health Care
12 East Brunswick Ave
Byhalia, MS 38611

Northeast MS Health Care, Inc.
12 East Brunswick
Byhalia, MS 38611-9998

NPAS Solutions, LLC
P.O. Box 2248
Maryland Heights, MO 63043-1048

Ozark Pathology
P.O. Box 310
Mountain Home, AR 72654-0310

Pathgroup
P.O., Box 530310
Atlanta, GA 30353-0310

Pediatri Emergency Specialists
5885 Aiurline Rd. #1011
Arlington, TN 38002

PennCredit
P.O. Box 988
Harrisburg, PA 17108-0988

Physician Billing Service
P.O. Box 116652
Atlanta, GA 30368-6652

Premier Gastroenterlogy
P.O. Box 40895
Memphis, TN 38174-0895

Profcrjonsbo
Po Box 1629
Maryland Heights, MO 63043

Professional Cr Mgmt
Po Box 1629
Maryland Heights, MO 63043

Regional Acceptance Co
5425 Robin Road
Norfolk, VA 23513

Retrieval Masters Creditors Bureau
4 Westchester Plaza, Ste. 110
Elmsford, NY 10523

Revenue Recovery Corp
612 Gay St
Knoxville, TN 37902

Saint Francis Hospital
P.O. Box 741274
Atlanta, GA 30374-1274

Sca Cred Svc
1502 Williamson Ro
Roanoke, VA 24012

Se Fincl Svs
475 E South Street
Collierville, TN 38017

Semmes Murphey Clinic
P.O. Box 1000, Dept. 575
Memphis, TN 38148-0001

Semmes-Murphey Clinic
P.O. Box 1000, Dept. 575
Memphis, TN 38148-0001

Senex Services
P.O. Box 30516
Lansing, MI 48909-8016

Shapiro & Massey, LLC
1080 River Oaks Drive, Suite B-202
Flowood, MS 39232

Stern Cardiovascular Center
P.O. Box 1000 Dept 984
Memphis, TN 38148

Tate & Kirlin Associates
2810 Southampton Rd
Philadelphia, PA 19154

TCM Inc.
P.O. Box 1945
Corinth, MS 38835

Telerythmics, LLC
P.O. Box 197
Memphis, TN 38101-0197

The CBE Group
P.O. Box 2337
Waterloo, IA 50704-2337

The Neurosurgical Center
55 Physicians Lane, Ste. 1
Southaven, MS 38671

Time Warner-Credit Mngt.
P.O. Box 118288
Carrollton, TX 75011-8288

Trident Asset Manageme
53 Perimeter Ctr E Ste 4
Atlanta, GA 30346

Trinity Billing Solutions
P.O. Box 1890
Jonesboro, AR 72403

Twin Lake Medical Speicialists
628 Hospital Dr. Ground Floor, Ste. A
Mountain Home, AR 72653

U S Dept Of Ed/gsl/atl
Po Box 4222
Iowa City, IA 52244

UAMS Medical Ctr.
P.O. Box 504962
St. Louis, MO 63150-4962

UK A.B. Chandler Hospital
Lockbox 951319
Cleveland, OH 44193-0011

UMAS College Of Medicine
P.O. Box 251508
Little Rock, AR 72225-1420

Universal Collection Systems
P.O. Box 751090
Memphis, TN 38175

Valerie Futris Fisher
P.O. Box 1870
Collierville, TN 38027

Wells Fargo Hm Mortgag
7255 Baymeadows Wa
Des Moines, IA 50306

West Asset Management
2703 N Highway 75
Sherman, TX 75090